

GRADING

APPLICATION TO CONSTRUCT NEW BUILDING
AND FOR CERTIFICATE OF TITLE

CITY OF LOS ANGELES DEPT. OF BUILDING AND SAFETY

1. **SEE ATTACHED** TRACT **C.E. 3521-103 (20' widening)** DIST. MAP **7359**

2. **16550 16552 Ventura Blvd.** **Med. Bldg.** **E** **AC. H.** ZONE **C-2**

3. **16550 16552 Ventura Blvd.** AND **Hayward Avenue** FIRE DIST. **2**

4. **Medical Building & Parking** **ELECT. DPT.** INSIDE KEY **9**

5. **S. Jon Kreedman & Co.** **Pins not req'd.** **ADD. not req'd.** **Before R.R. 28th St.** COR. LOT **100**

6. **2350 Wilshire Blvd.** **Beverly Hills** **STATE LICENSE** **PHONE** REV. COR. **100**

7. **San Rafael** **C 763** **W. 3-6320** LOT SIZE **Drug.**

8. **Charles Mackintosh** **STATE LICENSE** **PHONE** REAR ALLEY **✓**

9. **S. Jon Kreedman & Co.** **STATE LICENSE** **PHONE** SIDE ALLEY **✓**

10. **430 Wilshire Blvd.** **104129** **PR 2-3441** BLDG. TIME **✓**

11. **16550 Ventura Blvd.** **Beverly Hills** **NO. 2-1184** **104129** **PR 2-3441** **10547**

12. VALUATION: TO INCLUDE ALL **680,000** **Eng. Check** **OTHER UNITS** **0**

EQUIPMENT REQUIRED TO OPERATE **\$100,000** **VALUATION APPROVED** **PARKING SPACE** **28**

AND USE PROPOSED BUILDING. **Found, only 40,500** **Application checked** **QUEST ROOMS** **0**

C. OF D. **This Permit, 640,000** **PLANS CHECKED** **WITH** **28235**

ISSUED **10-10-59** **REMARKS** **28235**

I certify that in doing the work authorized hereby I will not employ any person in violation of the Labor Code of California relating to workmen's compensation insurance.

S. Jon Kreedman & Co. **DOCS 225** **3-10-59** **REMARKS** **28235**

Check C.E. Tapanas **SIGNED** **PLANS APPROVED** **INSPECTOR** **28235**

This Form When Properly Validated is a Permit to Do the Work Described. **APPROVED** **INSPECTOR** **28235**

TYPE	GROUP	MAX. OCC.	P.C.	S.P.C.	D.P.	C.O.F.	O.S.	C/O
III	C-1	515	200	150	600	600	0.5	C/O

CASHIER'S USE ONLY

100-1759 **878** **100-1759** **878** **100-1759** **878** **100-1759** **878**

100-1759 **878** **100-1759** **878** **100-1759** **878** **100-1759** **878**

100-1759 **878** **100-1759** **878** **100-1759** **878** **100-1759** **878**

3

APPLICATION TO ALTER - REPAIR - DEMOLISH
AND FOR CERTIFICATE OF OCCUPANCY

Form B-3

CITY OF LOS ANGELES

DEPT. OF BUILDING AND SAFETY

INSTRUCTIONS:

1. Applicant to Complete Numbered Items Only.
2. Plot Plan Required on Back of Original.

1. LEGAL DESCR.	LOT	BLK.	TRACT	ADDRESS APPROVED
			See 28230 VN/59	
2. BUILDING ADDRESS				DIST. MAP
16550 Ventura Blvd.				7359
3. BETWEEN CROSS STREETS				ZONE
Rubio Ave. AND Hayvenhurst Ave.				C-2-1
4. PRESENT USE OF BUILDING	NEW USE OF BUILDING			FIRE DIST.
Medical Center	OFFICE			H-1-1 See Map
5. OWNER'S NAME	PHONE			REAR ALLEY
S. Jon Kreedman	BR. 23441			60'
6. OWNER'S ADDRESS	P.O.	ZONE	KEY	
9350 Wilshire Blvd.	Beverly Hills		COR. LOT	
7. CERT. ARCH.	STATE LICENSE	PHONE	REV. COR.	
Sam Roisard	0763	OL. 36320	LOT SIZE	
8. LIC. ENGR.	STATE LICENSE	PHONE	Irreg.	
Charles Mackintosh	SE 487	NO. 21184	See Map	
9. CONTRACTOR	STATE LICENSE	PHONE	REAR ALLEY	
S. Jon Kreedman Co.	10112	BR. 23441	SIDE ALLEY	
10. CONTRACTOR'S ADDRESS	P.O.	ZONE	BLDG. LINE	
9350 Wilshire Blvd.	Beverly Hills		20'	
11. SIZE OF EXISTING BLDG.	STORIES	HEIGHT	NO. OF EXISTING BUILDINGS ON LOT AND USE	BLDG. AREA
84' x 147'	4	49'	None MEDICAL OFF	

12. MATERIAL				WOOD	METAL	CONC. BLOCK	ROOF	WOOD	STEEL	ROOFING	SPRINKLERS
EXT. WALLS:				STUCCO	BRICK	CONCRETE	CONST.	CONC.	OTHER		REQ'D.
13. VALUATION: TO INCLUDE ALL FIXED EQUIPMENT REQUIRED TO OPERATE AND USE PROPOSED BUILDING.				VALUATION APPROVED				AFFIDAVITS			
\$ 6000				B				BZA 1074			
14. SIZE OF ADDITION				STORIES	HEIGHT	APPLICATION CHECKED				File - See	
15. NEW WORK: (Describe)				EXT. WALLS				ROOFING			
Interior Partitions IN BASEMENT								DWELL. UNITS			
See 28238 VN/59								SPACES PARKING			
I certify that in doing the work authorized hereby I will not employ any person in violation of the Labor Code of the State of California relating to workmen's compensation insurance.				PLANS CHECKED				GUEST ROOMS			
Signed <i>Wm. H. Robertson</i>				CORRECTIONS VERIFIED				FILE WITH			
This Form When Properly Validated is a Permit to Do the Work Described.				PLANS APPROVED				CONT. INSP.			
APPROVED				INSPECTOR							

TYPE	GROUP	MAX. OCC.	P.C.	S.P.C.	G.P.I.	B.P.	O.S.	C/O
III	G1	NC	2	X	X	4	X	X

CASHIER'S USE ONLY

DEC-21-60 55685 C: VN: 71258 L=2 2.80

DEC-21-60 55686 C: VN: 71258 L=2 2.80

P.C. No. GRADING CRIT. SOIL CONS.

1010225200862135



DISASTER INSPECTION FILE
EARTHQUAKE



51760482

Job Address(es)

1. 16550 W VENTURA BLVD 914360000

Legal Description(s)

1. TRACT: TR 22867;BLOCK: NONE;LOT: 1

File Date And Status

01/25/1994 CERT

AKA Address

NONE

User Document Numbers

OBS 25279

Cross Reference(s)

ORIG

CITY OF LOS ANGELES
DEPARTMENT OF BUILDING AND SAFETY

OBS 25279

EQ-1-94

A. TYPE OF DISASTER:

- ☐ Fire ☒ Earthquake
☐ Flood ☐ Other _____

B. BUILDING USE:

- ☐ Residential
☒ Commercial

RAPID SCREENING INSPECTION FORM

C. INCLUSIVE ADDRESS:

16550 Ventura Blvd, Encino 91436

COUNCIL DISTRICT:

11

D. OWNER:

Curtis' Lot

PHONE NO.: 310-943-2342

MANAGER:

Scott Lloveras

PHONE NO.: 818-784-2535

E. No of Stories:

5

No. of Living Units:

0

Basement:

☒ YES☐ NO☐ UNKNOWN

TYPE CONSTRUCTION:

URM

I

II

III

IV

V

APPROX. SIZE

175

ft.

X

70

ft.

PRIMARY OCCUPANCY:

(Check one, only)

- | | | | | | | |
|--------------------------------------|---------------------------------------|---|--------------------------------------|---|--|--|
| <input type="checkbox"/> 01 DWELLING | <input type="checkbox"/> 04 AMUSEMENT | <input type="checkbox"/> 07 PVT. GARAGE | <input type="checkbox"/> 10 HOSPITAL | <input type="checkbox"/> 13 OFFICE | <input type="checkbox"/> 16 RET. STORE | <input type="checkbox"/> 21 THEATRE |
| <input type="checkbox"/> 02 DUPLEX | <input type="checkbox"/> 05 APARTMENT | <input type="checkbox"/> 08 PUB. GARAGE | <input type="checkbox"/> 11 HOTEL | <input type="checkbox"/> 14 PUB. ADMIN. | <input type="checkbox"/> 17 RESTAURANT | <input type="checkbox"/> 22 WAREHOUSE |
| <input type="checkbox"/> 03 AIRPORT | <input type="checkbox"/> 06 CHURCH | <input type="checkbox"/> 09 GAS STATION | <input type="checkbox"/> 12 MFG. | <input type="checkbox"/> 15 PUB. UTIL. | <input type="checkbox"/> 18 SCHOOL | <input type="checkbox"/> 35 CONDO |
| | | | | | | <input checked="" type="checkbox"/> 99 OTHER |

Medical

F. INSTRUCTIONS: Examine the building to determine if any hazardous conditions exist. A "YES" answer in Categories 1, 2, or 4 is grounds for posting building UNSAFE. If condition is suspected to be unsafe and more review is needed, check appropriate Unknown box(es) and post LIMITED ENTRY. A "YES" answer in Category 3 requires posting and/or barricading to indicate AREA UNSAFE. Explain "YES", "UNKNOWN" findings and extent of damage under "Comments."

EXISTING HAZARDOUS CONDITIONS

Condition	YES	NO	UNK	Condition	YES	NO	UNK
1. Structure Hazardous Overall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Nonstructural Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Collapse/partial collapse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parapets/ornamentation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Building or story leaning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cladding/glazing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling/light fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				Interior Walls/partitions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hazardous Structural Elements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elevators	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foundations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stairs/Exits	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Roof/Floors (vertical loads)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electric/Gas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Columns/pilasters/corbel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chimney	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diaphragms/horizontal bracing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walls/vertical bracing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Geotechnical Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Moments Frames	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Slope failure/debris	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Precast connections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ground Movement, fissures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS: Minor damage to interior walls, stucco & plaster.

G. Vacate Bldg.? ☐ YES ☒ NO Partially Vacate Bldg.? ☐ YES ☒ NO No. of Living Units Vacated: 0
 EST. DAMAGE: \$ % % EST. DAMAGE: \$ 2,000 PERMIT REQUIRED? ☒ YES ☐ NO

H. OVERALL RATING:

Existing

Recommended

INSPECTED (Green)

☐☒

Exterior Only

☒ Exterior and Interior

LIMITED ENTRY (yellow)

☐☐

UNSAFE (Red)

☐☐

Building

Area (See Section I-3)

I. RECOMMENDATIONS: (Circle Number / Fill in data)

① No Further Action required.

2. Detailed Evaluation required.

Structural Geotechnical

3. Barricades needed in the following areas:

4. Disconnect utilities:

Electric Gas Water

J. INSPECTOR:

Name/I.D.: Richard Young Bob Kammers

Phone: 213-368-7260

K. INSPECTED:

Date: 1/25/94

Time: 3:20 pm a.m./p.m.

EMERGENCY TELEPHONE NUMBERS

Animal Regulation (213) 222-7138
or (213) 731-8281

Building & Safety
Building Inspection (213) 485-2365
Community Safety (Shatto I) (213) 485-2220
Earthquake Safety (Wilshire Dist.) (213) 485-6177
Grading (213) 485-3435
Management Assistance Div. (213) 485-5372
Mechanical Bureau (213) 485-2301
San Pedro Office (213) 548-7557
Van Nuys Office (818) 989-8256
West L.A. Office (213) 312-8337
West Valley Office (818) 989-6934

Public Works/Sanitation (213) 485-5884
Off-hours (213) 485-5391
Dead Animals (213) 485-4922
Industrial Waste (213) 485-5886

Public Works/St. Maint.

Alley (213) 485-5668
Street (213) 485-5661
Off-hours (213) 485-7100
or (2130) 485-2121

Red Cross (213) 739-3450

So. Calif. Gas Co. (800) 422-4133

Transportation (213) 485-2265

Water & Power

Power - Metro/Harbor/West L.A. (800) 821-5278

San Fernando Valley (800) 821-5279

General Office Bldg. (213) 481-3066

Water - Central District (213) 481-4900

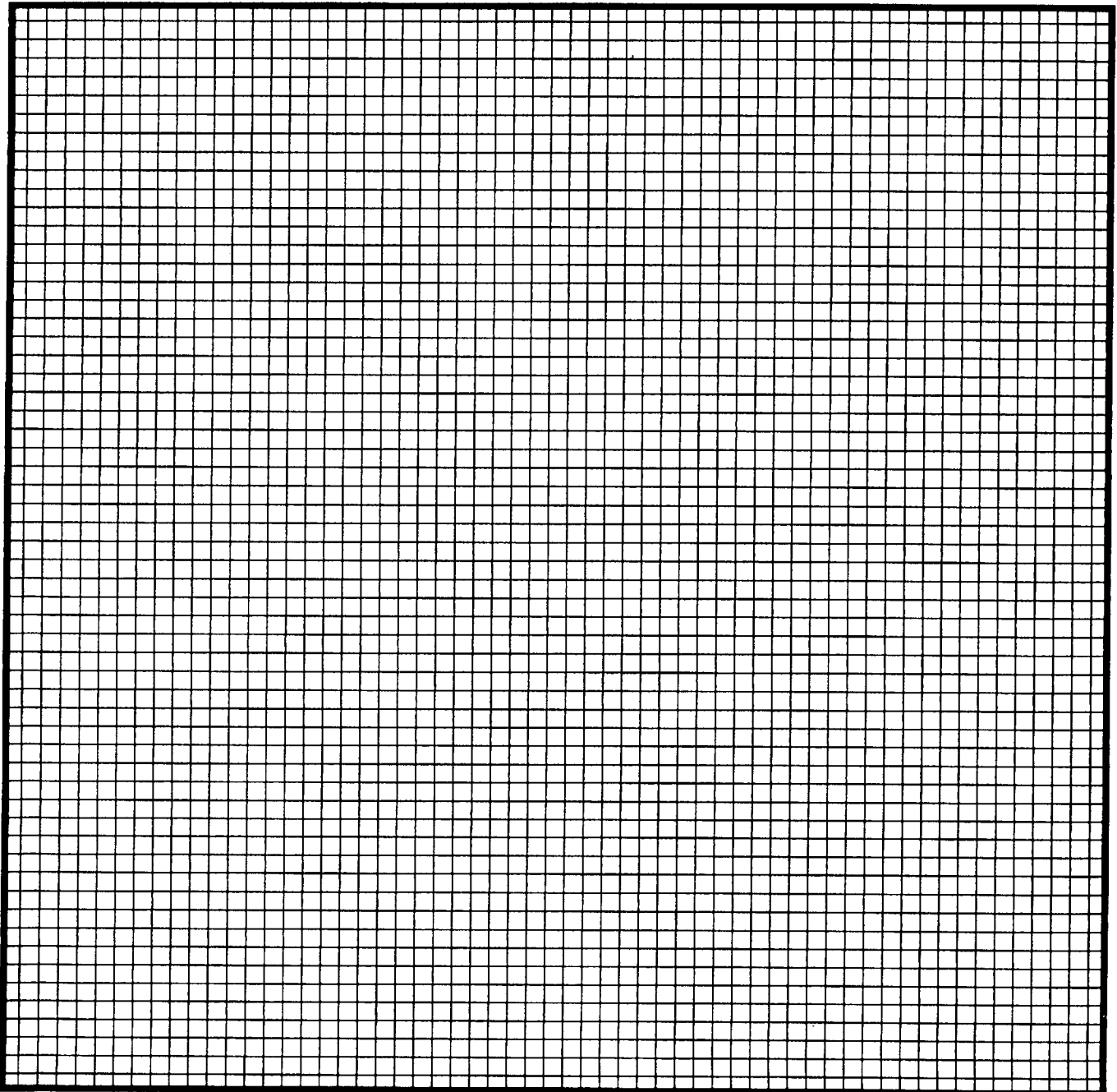
East Valley District (818) 271-3921

Harbor District (213) 251-2246

Western District (213) 481-6973

West Valley District (818) 271-3981

PLOT PLAN DIAGRAM



1ST RE INSPECTION

CITY OF LOS ANGELES

DEPARTMENT OF BUILDING AND SAFETY

RAPID SCREENING INSPECTION FORM

B. BUILDING USE:

- ☐ Residential
☒ Commercial

A. TYPE OF DISASTER:

- ☐ Fire ☒ Earthquake
☐ Flood ☐ Other _____

C. INCLUSIVE ADDRESS:

16550 VENTURA BL

COUNCIL
DISTRICT: 11

D. OWNER:

SCOTT ELLIOTT

PHONE NO. (310) 784-2535

MANAGER:

PHONE NO.:

E. No of Stories: 5 No. of Living Units: 0 Base: ☐ YES ☒ NO ☐ UNKNOWN

TYPE CONSTRUCTION: URM II III IV V APPROX. SIZE 150 ft. x 200 ft.

PRIMARY OCCUPANCY: (Check one, only)

- | | | | | | | |
|--------------------------------------|---------------------------------------|---|--------------------------------------|---|--|--|
| <input type="checkbox"/> 01 DWELLING | <input type="checkbox"/> 04 AMUSEMENT | <input type="checkbox"/> 07 PVT. GARAGE | <input type="checkbox"/> 10 HOSPITAL | <input type="checkbox"/> 13 OFFICE | <input type="checkbox"/> 16 RET. STORE | <input type="checkbox"/> 21 THEATRE |
| <input type="checkbox"/> 02 DUPLEX | <input type="checkbox"/> 05 APARTMENT | <input type="checkbox"/> 08 PUB. GARAGE | <input type="checkbox"/> 11 HOTEL | <input type="checkbox"/> 14 PUB. ADMIN. | <input type="checkbox"/> 17 RESTAURANT | <input type="checkbox"/> 22 WAREHOUSE |
| <input type="checkbox"/> 03 AIRPORT | <input type="checkbox"/> 06 CHURCH | <input type="checkbox"/> 09 GAS STATION | <input type="checkbox"/> 12 MFG. | <input type="checkbox"/> 15 PUB. UTIL. | <input type="checkbox"/> 18 SCHOOL | <input checked="" type="checkbox"/> 35 CONDO |
| | | | | | | <input checked="" type="checkbox"/> 99 OTHER Medical |

F. INSTRUCTIONS: Examine the building to determine if any hazardous conditions exist. A "YES" answer in Categories 1, 2, or 4 is grounds for posting building UNSAFE. If condition is suspected to be unsafe and more review is needed, check appropriate Unknown box(es) and post LIMITED ENTRY. A "YES" answer in Category 3 requires posting and/or barricading to indicate AREA UNSAFE. Explain "YES", "UNKNOWN" findings and extent of damage under "Comments."

EXISTING HAZARDOUS CONDITIONS

Condition	YES	NO	UNK	Condition	YES	NO	UNK
1. Structure Hazardous Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Nonstructural Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Building or story leaning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cladding/glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling/light fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				Interior Walls/partitions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hazardous Structural Elements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elevators	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stairs/Exits	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Roof/Floors (vertical loads)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Electric/Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Columns/pilasters/corbel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diaphragms/horizontal bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Walls/vertical bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Geotechnical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moments Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Slope failure/debris	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Precast connections	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ground Movement, fissures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

COMMENTS: NEED BLDG ENG AVAILABLE TO SHOW DAMAGED AREAS

G. Vacate Bldg.? ☐ YES ☒ NO Partially Vacate Bldg.? ☐ YES ☒ NO No. of Living Units Vacated: 0EST. DAMAGE: 05% % EST. DAMAGE: \$ 25,000 PERMIT REQUIRED? ☒ YES ☐ NO

H. OVERALL RATING:

- | | | |
|------------------------|--------------------------|-------------------------------------|
| INSPECTED (Green) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Exterior Only | | |
| Exterior and Interior | | |
| LIMITED ENTRY (yellow) | <input type="checkbox"/> | <input type="checkbox"/> |
| UNSAFE (Red) | <input type="checkbox"/> | <input type="checkbox"/> |
| Building | | |
| Area (See Section I-3) | | |

I. RECOMMENDATIONS: (Circle Number / Fill in data)

1. No Further Action required.
 2. Detailed Evaluation required.
☒ Structural ☐ Geotechnical
 3. Barricades needed in the following areas:
 4. Disconnect utilities:
☐ Electric ☐ Gas ☐ Water

J. INSPECTOR:

Name/I.D.: LADD / PETTY
 Phone: (916) 366 2075

K. INSPECTED:

Date: 7-25-94
 Time: 4:10 a.m./p.m.

EMERGENCY TELEPHONE NUMBERS

Animal Regulation (213) 222-7138
 or (213) 731-8281

Building & Safety

Building Inspection (213) 485-2365
 Community Safety (Shatto I) (213) 485-2220
 Earthquake Safety (Wilshire Dist.) (213) 485-6177
 Grading (213) 485-3435
 Management Assistance Div. (213) 485-5372
 Mechanical Bureau (213) 485-2301
 San Pedro Office (213) 548-7557
 Van Nuys Office (818) 989-8256
 West L.A. Office (213) 312-8337
 West Valley Office (818) 989-6934

Public Works/Sanitation (213) 485-5884
 Off-hours (213) 485-5391
 Dead Animals (213) 485-4922
 Industrial Waste (213) 485-5886

Public Works/St. Maint.

Alley (213) 485-5668
 Street (213) 485-5661
 Off-hours (213) 485-7100
 or (213) 485-2121

Red Cross (213) 739-3450

So. Calif. Gas Co. (800) 422-4133

Transportation (213) 485-2265

Water & Power

Power - Metro/Harbor/West L.A. (800) 821-5278
 San Fernando Valley (800) 821-5279
 General Office Bldg. (213) 481-3066
Water - Central District (213) 481-4900
 East Valley District (818) 271-3921
 Harbor District (213) 251-2246
 Western District (213) 481-6973
 West Valley District (818) 271-3981

PLOT PLAN DIAGRAM